

Hamilton

## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024957

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 175

Primary Registration District No. 3036

Registrar's No.

FILED JUL 10 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Aurora</b>		c. CITY OR TOWN <b>Crane</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Aurora Hospital</b>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>David</b> Middle <b>George</b> Last <b>Raymond</b>		4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/1/83</b>
9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Michigan</b>
12. CITIZEN-OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Raymond</b>	
13b. MOTHER'S MAIDEN NAME <b>Katherine Hinderer</b>		14. NAME OF HUSBAND OR WIFE <b>Lula Raymond</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		17. INFORMANT Address <b>Mrs Gladys Reavis Crane, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular Accident</b> DUE TO (b) <b>ASCVD</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Aurora</b>		COUNTY <b>Lansburg</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>7/3/63</b> to <b>7/4/63</b> and last saw him alive on <b>7/4/63</b> . Death occurred at <b>12:05 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>William F. Hamilton MD</b>		22b. ADDRESS <b>P.O. Box 469 Aurora</b>	
22c. DATE SIGNED <b>7/10/63</b>		22d. LOCATION (City, town, or county) <b>Crane, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7/4/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Masonic</b>		23d. LOCATION (City, town, or county) <b>Crane, Missouri</b>	
24. FUNERAL DIRECTOR <b>Manlove Funeral Home, Crane, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>7-7-63</b>	
26. REGISTRAR'S SIGNATURE <b>Aden Meyer act Reg.</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

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**\_\_\_\_\_**, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

**Signature of Student Embalmer**

Signed Cheng H. Moulin - 257

Licensed Embalmer No. 3827

P. O. Address Osama bin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.